

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2020 - 162 - T

If this is your first time filing an application with the PSC, you will have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: John H. Matthews

Telephone: 803-351-8484

Address: 6878 Shiloh Unity Rd.  
Lancaster, SC 29720

Fax: N/A

Other: 803-804-5504

Email: moderndaymoversLLC@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
JUL 15 2020  
PSC SC  
CLERK'S OFFICE

js

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100

Columbia, South Carolina 29210

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: 3-2-2020

☒ E (HHG) - Household Goods

☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

☒ New Application

☐ Amended Scope of Authority

Current Scope:

(list counties) \_\_\_\_\_

Amended Scope:

(list counties) \_\_\_\_\_

1.

Modern Day Movers, LLC

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name)

6878 Shiloh Unity Rd Lancaster, SC 29720

Street Address of Applicant

\_\_\_\_\_  
Mailing Address of Applicant (if different from street address)

803-351-8484

Phone

FAX

Modern day movers LLC @ gmail.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

Print Form

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE  
ARTICLES OF ORGANIZATION  
Limited Liability Company – Domestic  
Filing Fee - \$110.00

OCT 20 2016

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name\*)

Modern Day Movers, LLC

\*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C." "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

6882 Shiloh Unity Rd.

Street Address

Lancaster, 29720

City

Zip Code

3. The initial agent for service of process is

United States Corporation Agents, Inc.

Name

Chris  
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

1591 Savannah Highway, Suite 201

Street Address

Charleston, 29407

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

- (a) LegalZoom.com, Inc.

Name

101 N. Brand Blvd., 11th Floor

Street Address

Glendale

City

California

State

91203

Zip Code

- (b)

Name

Street Address

City

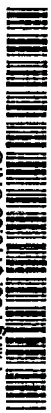
State

Zip Code

Form Revised by South Carolina  
Secretary of State, July 2012

FILED: 10/20/2016  
MODERN DAY MOVERS, LLC

Filing Fee: \$110.00 ORIG

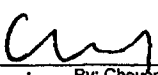


South Carolina Secretary of State  
Mark Hammond

Name of Limited Liability Company Modern Day Movers, LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. \_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.
- (a) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
- (b) \_\_\_\_\_  
Name  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State Zip Code
7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_
9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.
10. Each organizer listed under number 4 must sign.

Signature of Organizer

By:  Cheyenne Moseley, Assistant Secretary of LegalZoom.com, Inc. (Organizer)

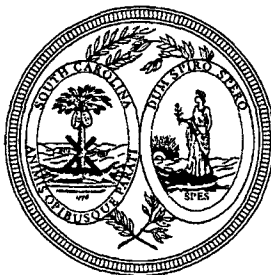
10/19/2016

Date

Signature of Organizer

Date

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina, Hereby Certify that:**

MODERN DAY MOVERS, LLC, a limited liability company duly organized under the laws of the State of South Carolina on October 20th, 2016, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C.Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
4th day of November, 2016.

A handwritten signature in cursive script that reads "Mark Hammond".  
Mark Hammond, Secretary of State

## 3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship
- ☒ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

Amie L. Matthews 6878 Shiloh Unity Rd. Lancaster, SC 29720

John H. Matthews 6878 Shiloh Unity Rd. Lancaster, SC 29720

4. Is applicant certified to provide **intrastate** transportation of household goods in another state? (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

## 6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of revocations below.*

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	<input type="text" value="0"/>	Mortgage/Loan on Real Estate	<input type="text"/>
Value of Motor Vehicles	<input type="text" value="17,000.00"/>	Loans Owed on Motor Vehicles	<input type="text"/>
Cash on Hand	<input type="text" value="800.00"/>	Business/Other Loans Owed	<input type="text"/>
Cash in Bank	<input type="text" value="21,900.00"/>	Other Liabilities or Debts	<input type="text"/>
Value of Other Assets and Equipment	<input type="text" value="2,500.00"/>	<b>Total Liabilities</b>	<input type="text" value="0"/>
<b>Total Assets</b>	<input type="text" value="42,200.00"/>		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

**PROPOSED RATES AND CHARGES FOR SERVICE**Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):*See attached***COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED**

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |                                     |                                       |                                     |                                     |   |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville  | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken      | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale  | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson   | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg    | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell   | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley   | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun    | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |



**DESCRIPTION OF EQUIPMENT**

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
<del>2008</del>			
Freightliner	2008 m2	1FVACWDT88HZ52183	13,000

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Modern Day Movers LLC

Name of Applicant

6882 Shiloh Unity Rd. Lancaster, SC. 29720

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ 636<sup>00</sup>  
Cargo Insurance \$ 1209<sup>00</sup>

**Limits Quoted: (See Below)**

Limits \$ 750,000  
Limits \$ 2,500

\* Attach Certificate of Insurance if available.

Progressive Northern Ins. Co

Name of Insurance Company

6882 Shiloh Unity Rd Lancaster, SC 29720

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

## Truckers' PDQ Supplemental Application

(Complete in addition to ACORD General Liability Application)

1. Are you a: ☐ Common ☐ Contract Carrier      If contract, who do you haul for: \_\_\_\_\_
  2. Number of Vehicles: Owned \_\_\_\_\_ Not owned, operating on your behalf \_\_\_\_\_
  3. Is there an established equipment maintenance PDQ? ☐ Yes ☐ No
  4. Radius of Operation (in miles): \_\_\_\_\_ States in which you operate: \_\_\_\_\_
  5. Any oversize/over-wide permits required? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_
  6. Do you have an ICC or a PUC filing outstanding? ☐ Yes ☐ No
  7. Commodities hauled:
 

<input type="checkbox"/> Chemicals	<input type="checkbox"/> Explosives	<input type="checkbox"/> Flammable Materials
<input type="checkbox"/> Gasoline/Oil	<input type="checkbox"/> LPG	<input type="checkbox"/> Medical Waste
<input type="checkbox"/> Toxic/Hazardous Waste	<input type="checkbox"/> Tires	<input type="checkbox"/> Tobacco
<input type="checkbox"/> Liquor	<input type="checkbox"/> Household Furniture	<input type="checkbox"/> Heavy/Oversized Loads
<input type="checkbox"/> Garbage/Rubbish	<input type="checkbox"/> Mobile Homes	
<input type="checkbox"/> Other (describe) _____		
  8. Other operations:
 

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Own or operate a landfill
<input type="checkbox"/>	<input type="checkbox"/>	Crane or Towing service
<input type="checkbox"/>	<input type="checkbox"/>	Own or operate an Underground Fuel Tank
<input type="checkbox"/>	<input type="checkbox"/>	Use Aircraft
<input type="checkbox"/>	<input type="checkbox"/>	Product assembly/installation
		If yes, describe: _____
<input type="checkbox"/>	<input type="checkbox"/>	Warehousing
		If yes, location: _____ Area _____ sq.
<input type="checkbox"/>	<input type="checkbox"/>	Other (describe): _____
  9. Do you subcontract any operations? ☐ Yes ☐ No  
 If yes: Description of operations subcontracted: \_\_\_\_\_  
 Annual Cost of Subcontracting: \$ \_\_\_\_\_  
 Is evidence of Insurance obtained? ☐ Yes ☐ No  
 Are you included as an additional insured? ☐ Yes ☐ No
  10. Information for:
 

	Auto Liability	Motor Truck Cargo
Policy Number		
Insurance Carrier		
Limits of Liability		
Expiration Date		
- Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- Producer: \_\_\_\_\_ Date: \_\_\_\_\_

## ADDITIONAL INTEREST/CERTIFICATE RECIPIENT

☐ ACORD 45 attached for additional names

INTEREST	RANK	NAME AND ADDRESS	REFERENCE #	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED					LOCATION:	BUILDING:
<input type="checkbox"/> LOSS PAYEE					VEHICLE:	BOAT:
<input type="checkbox"/> MORTGAGEE					SCHEDULED ITEM NUMBER:	
<input type="checkbox"/> LIENHOLDER					OTHER	
<input type="checkbox"/> EMPLOYEE AS LESSOR						
ITEM DESCRIPTION:						

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?	<input type="checkbox"/>
2. ANY EXPOSURE TO RADIOACTIVE/NUCLEAR MATERIALS?	<input type="checkbox"/>
3. DO/HAVE PAST, PRESENT OR DISCONTINUED OPERATIONS INVOLVE(D) STORING, TREATING, DISCHARGING, APPLYING, DISPOSING, OR TRANSPORTING OF HAZARDOUS MATERIAL? (e.g., landfills, wastes, fuel tanks, etc)	<input type="checkbox"/>
4. ANY OPERATIONS SOLD, ACQUIRED, OR DISCONTINUED IN LAST FIVE (5) YEARS?	<input type="checkbox"/>
5. MACHINERY OR EQUIPMENT LOANED OR RENTED TO OTHERS?	<input type="checkbox"/>
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASED?	<input type="checkbox"/>
7. ANY PARKING FACILITIES OWNED/RENTED?	<input type="checkbox"/>
8. IS A FEE CHARGED FOR PARKING?	<input type="checkbox"/>
9. RECREATION FACILITIES PROVIDED?	<input type="checkbox"/>
10. IS THERE A SWIMMING POOL ON THE PREMISES?	<input type="checkbox"/>
11. SPORTING OR SOCIAL EVENTS SPONSORED?	<input type="checkbox"/>
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?	<input type="checkbox"/>
13. ANY DEMOLITION EXPOSURE CONTEMPLATED?	<input type="checkbox"/>
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?	<input type="checkbox"/>
15. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	<input type="checkbox"/>
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARIES?	<input type="checkbox"/>

## GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES (For all past or present operations)	Y/N
17. ARE DAY CARE FACILITIES OPERATED OR CONTROLLED?	<input type="checkbox"/>
18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN THE LAST THREE (3) YEARS?	<input type="checkbox"/>
19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?	<input type="checkbox"/>
20. DOES THE BUSINESSES PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?	<input type="checkbox"/>

## REMARKS

<p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT. In DC, LA, ME, TN, VA and WA insurance benefits may also be denied).</p> <p>IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p>
---

AGENCY CUSTOMER ID: \_\_\_\_\_

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES		Y/N
1. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?		<input type="checkbox"/>
2. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?		<input type="checkbox"/>
3. IS A FORMAL SAFETY PROGRAM IN OPERATION?		<input type="checkbox"/>
4. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, OR CHEMICALS?		<input type="checkbox"/>
5. ANY CATASTROPHE EXPOSURE?		<input type="checkbox"/>
6. ANY OTHER INSURANCE WITH THIS COMPANY OR BEING SUBMITTED?		<input type="checkbox"/>
7. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS? (Not applicable in MO)		<input type="checkbox"/>
8. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENCE/HIRING?		<input type="checkbox"/>
9. DURING THE LAST FIVE YEARS (ITEM 9 IN RL 1115) HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RL this question is not to be answered by any one found for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment.)		<input type="checkbox"/>
10. ANY UNCORRECTED FIRE CODE VIOLATIONS		<input type="checkbox"/>
11. ANY BANKRUPTCY, TAX OR OTHER LEGAL SUITS AGAINST THE APPLICANT IN THE PAST FIVE (5) YEARS?		<input type="checkbox"/>
12. HAS BUSINESS BEEN PLACED IN A TRUST? IF "YES", NAME OF TRUST		<input type="checkbox"/>
13. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACCORD 015 for Liability Exposure and/or ACCORD 016 for Property Exposure)		<input type="checkbox"/>
REMARKS/PROCESSING INSTRUCTIONS (Attach enclosed sheets if more space is required)		
Artisans Quote Number 163691		
COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)		
NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.		
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITTS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [ANY SUBSTANTIAL] CIVIL PENALTIES. (No applicable in CO, FL, HI, MA, NE, OH, OK, OR, or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)		
IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.		
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.		
PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO. (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER

## PRIOR CARRIER INFORMATION

AGENCY CUSTOMER ID: \_\_\_\_\_

LINE	CATEGORY	CARRIER				POLICY NUMBER				POLICY TYPE				RETRO DATE				EFF-EXP DATE				
		CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE	CLAIMS MADE	X	OCCURRENCE			
GENERAL LIABILITY	CARRIER																					
	POLICY NUMBER																					
	POLICY TYPE																					
	RETRO DATE																					
	EFF-EXP DATE																					
	GENERAL AGGREGATE																					
	PRODUCTS COMP OP AGGREGATE																					
	PERSONAL & ADY INJ																					
	EACH OCCURRENCE																					
	FIRE DAMAGE																					
	MEDICAL EXPENSE																					
	SOJLY OCCURRENCE																					
	INJURY AGGREGATE																					
	PROPERTY OCCURRENCE																					
	DAMAGE AGGREGATE																					
DOWNEDS' MOLE LIMIT																						
MODIFICATION FACTOR																						
TOTAL PREMIUM																						
AUTOMOBILITY	CARRIER																					
	POLICY NUMBER																					
	POLICY TYPE																					
	EFF-EXP DATE																					
	COM' NEG' MOLE LIMIT																					
	SOJLY	EA PERSON																				
	INJURY	EA ACCIDENT																				
	PROPERTY DAMAGE																					
	MODIFICATION FACTOR																					
	TOTAL PREMIUM																					
STRUCTURE	CARRIER																					
	POLICY NUMBER																					
	POLICY TYPE																					
	EFF-EXP DATE																					
	BUILDING AMT																					
PERS PROP AMT																						
MODIFICATION FACTOR																						
TOTAL PREMIUM																						
CARRIER	CARRIER																					
	POLICY NUMBER																					
	POLICY TYPE																					
	EFF-EXP DATE																					
	LIMIT																					
	MODIFICATION FACTOR																					
TOTAL PREMIUM																						

## LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (1 YEAR IN N.Y.)							CHK HERE IF NONE	SIDE ATTACHED LOSS SUMMARY
DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS	OPEN	CLOSE
REMARKS NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY							ATTACHMENTS	
							STATE SUPPLEMENT(S) (if applicable)	



# COMMERCIAL GENERAL LIABILITY SECTION

 DATE (MM/DD/YYYY)  
02-07-2020

AGENCY	PHONE (A/C No. Ext): 865-481-5021 FAX (A/C No.): Madison Insurance Group	APPLICANT (First Name & Initials) Modern Day Movers, LLC
EFFECTIVE DATE 02-07-2020	EXPIRATION DATE 02-07-2021	DIRECT BILL <input checked="" type="checkbox"/> AGENCY BILL
PAYMENT PLAN	AUDIT	
CODE:	SUB CODE:	FOR COMPANY USE ONLY

COVERAGES		LIMITS	
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$ 2000000
<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCURRENCE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$ Included
<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$ 1000000
		EACH OCCURRENCE	\$ 1000000
DEDUCTIBLES		DAMAGE TO RENTED PREMISES (each occurrence)	\$ 100000
<input checked="" type="checkbox"/> PROPERTY DAMAGE \$ 2500		MEDICAL EXPENSE (Any one person)	\$ 5000
<input checked="" type="checkbox"/> BODILY INJURY \$ 2500		EMPLOYEE BENEFITS	\$
		TOTAL 500	

OTHER COVERAGES, RESTRICTIONS AND/OR ENDORSEMENTS For hired/non-owned auto coverages attach the applicable state Business Auto Section, ACORD 137)

## SCHEDULE OF HAZARDS

LOC #	HAZ #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	EXPOSURE	TERR	RATE		PREMIUM	
							PREWOPS	PRODUCTS	PREWOPS	PRODUCTS
1	1	Truckers	99793	P	16000					

 RATING AND PREMIUM BASIS  
 (S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (C) TOTAL COST - PER \$1,000/COST (U) UNIT - PER UNIT  
 (A) AREA - PER 1,000 SQ FT (M) ADMISSIONS - PER 1,000/ADM (T) OTHER

## CLAIMS MADE (Equivalent "Yes" responses)

EXPLAIN ALL "YES" RESPONSES	Y/N
1. PROPOSED RETROACTIVE DATE:	
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS MADE COVERAGE	
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE?	<input type="checkbox"/>
4. WAS TAIL COVERAGE PURCHASED UNDER ANY PREVIOUS POLICY?	<input type="checkbox"/>

## EMPLOYEE BENEFITS LIABILITY

1. DEDUCTIBLE PER CLAIM \$	3. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE BENEFITS PLANS:
2. NUMBER OF EMPLOYEES:	4. RETROACTIVE DATE:

ACORD 126 (2007/05)

Page 1 of 4

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**CONTRACTORS**

EXPLAIN ALL "YES" RESPONSES (For past or present operations)					Y/N
1 DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?					<input type="checkbox"/>
2 DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?					<input type="checkbox"/>
3 DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?					<input type="checkbox"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?					<input type="checkbox"/>
5 ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?					<input type="checkbox"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?					<input type="checkbox"/>
DESCRIBE THE TYPE OF WORK SUBCONTRACTED	\$ PAID TO SUB-CONTRACTORS:	% OF WORK SUBCONTRACTED: 0	# FULL-TIME STAFF: 0	# PART-TIME STAFF: 0	

**PRODUCTS/COMPLETED OPERATIONS**

PRODUCTS	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	INTENDED USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (For any past or present product or operation). PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WAF, P, G, ETC.		Y/N
1 DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?		<input type="checkbox"/>
2 FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If "YES" attach ACORD 815)		<input type="checkbox"/>
3 RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?		<input type="checkbox"/>
4 GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?		<input type="checkbox"/>
5 PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?		<input type="checkbox"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?		<input type="checkbox"/>
7 PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?		<input type="checkbox"/>
8 PRODUCTS UNDER LABEL OF OTHERS?		<input type="checkbox"/>
9 VENDORS COVERAGE REQUIRED?		<input type="checkbox"/>
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSURED?		<input type="checkbox"/>

## POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury - in consultation with the Secretary of Homeland Security, and the Attorney General of the United States - to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

YOU SHOULD KNOW THAT WHERE COVERAGE IS PROVIDED BY THIS POLICY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM, SUCH LOSSES MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THE FORMULA, THE UNITED STATES GOVERNMENT GENERALLY REIMBURSES 35% THROUGH 2015; 84% BEGINNING ON JANUARY 1, 2016; 83% BEGINNING ON JANUARY 1, 2017; 82% BEGINNING ON JANUARY 1, 2018; 81% BEGINNING ON JANUARY 1, 2019; AND 80% BEGINNING ON JANUARY 1, 2020, OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURANCE COMPANY PROVIDING THE COVERAGE. THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURER'S LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

PLEASE ALSO BE AWARE THAT YOUR POLICY DOES NOT PROVIDE COVERAGE FOR ACTS OF TERRORISM THAT ARE NOT CERTIFIED BY THE SECRETARY OF THE TREASURY.

### Acceptance or Rejection of Terrorism Insurance Coverage

You must accept or reject this insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, before the effective date of this policy. Your coverage cannot be bound unless our representative has received this form signed by you on behalf of all insureds with all premiums due.

☐ **Coverage acceptance:**

I hereby elect to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act for a prospective premium of \$100.00. I understand that I will not have coverage for losses resulting from any non-certified acts of terrorism.

OR

☒ **Coverage rejection:**

I hereby decline to purchase coverage for certified acts of terrorism, as defined in Section 102(1) of the Act. I understand that I will not have coverage for any losses arising from either certified or non-certified acts of terrorism.

<p>_____  <b>Policyholder/Applicant's Signature-</b>  <b>Must be person authorized to sign for all insureds.</b>  <u>Modern Day Movers, LLC</u>          Print Name</p>	<p style="text-align: center;">Colony Specialty Insurance Company          Insurance Company</p> <p style="text-align: center;">_____          TBD          Policy Number</p>
<p>_____  <u>Modern Day Movers, LLC</u>          Named Insured</p>	<p style="text-align: center;">_____          Submission Number</p> <p style="text-align: center;">_____          0010008          Producer Number</p>
<p>_____          Date</p>	<p style="text-align: center;">Commonwealth Underwriters Ltd          Producer Name</p> <p style="text-align: center;">_____          2112 W. Laburnum Ave.          Street Address</p> <p style="text-align: center;">_____          Richmond, VA 23227          City, State, Zip</p>

The producer shown above is the wholesale insurance broker your insurance agent used to place your insurance coverage with us. Please discuss this Disclosure with your agent before signing.



# COMMERCIAL INSURANCE APPLICATION

## APPLICANT INFORMATION SECTION

 DATE (MM/DD/YYYY)  
02-07-2020

AGENCY Madison Insurance Group		CARRIER Colony Ins Co		NASC CODE 36927
CONTACT NAME Sarah Callis		UNDERWRITER Kate Acuna		UNDERWRITER OFFICE
PHONE (A/C, H/O, Ext.) 865-481-5021		POLICIES OR PROGRAM REQUESTED		POLICY NUMBER
FAX (A/C, H/O)		INDICATE SECTIONS ATTACHED		TRUCKERS/MOTOR CARRIER
E-MAIL ADDRESS sarah.callis@miginsgroup.com		ACCOUNTS RECEIVABLE VALUABLE PAPERS		UMBRELLA
CODE		EQUIPMENT FLOATER		VEHICLE SCHEDULE
SUB CODE		GARAGE AND DEALERS		WORKERS COMPENSATION
AGENCY CUSTOMER ID		BUSINESS AUTO		YACHT
		GLASS AND SIGNS		
		INSTALLATION/BUILDERS RISK		
		OPEN CARGO		
		PROPERTY		
		TRANSPORTATION/MOTOR TRUCK CARGO		
		DEALERS		
		DRIVER INFO SCHEDULE		

STATUS OF TRANSACTION				PACKAGE POLICY INFORMATION			
<input checked="" type="checkbox"/> NEW	<input type="checkbox"/> RENEW	<input type="checkbox"/> ISSUE POLICY	<input type="checkbox"/> RENEW	ENTER THIS INFORMATION WHEN COMMERCIAL RATES AND TERMS APPLY TO SEVERAL LINES, OR FOR MONOLINE POLICIES.			
DO NOT Give Date and or Attach Copy				PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN
DATE				02-07-2020	02-07-2021	DEPT 311	AUDIT
TIME				X AGENCY DEL. PACKAGE POLICY PREMIUMS			

APPLICANT INFORMATION	
NAME (First Named Insured & Other Named Insureds) Modern Day Movers, LLC	Mailing Address (Not ZIP Code, First Named Insured) 6882 Shiloh Unity Road Lancaster, SC 29720
PHONE (A/C, H/O, Ext.) 803-351-8484	WEBSITE ADDRESS
E-MAIL ADDRESS moderndaymoversllc@gmail.com	DATE DUNS STARTED
TYPE OF BUSINESS CORPORATION	NUMBER OF MEMBERS AND MANAGERS
JOINT VENTURE	CHUBBARD NAME
LOCATION CONTACT: Insured	ACCOUNTING RECORDS CONTACT:
E-MAIL ADDRESS	PHONE (A/C, H/O, Ext.)

PREMISES INFORMATION		ACORD 823 attached for additional premises						
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	EMPLOYEES	ANNUAL REVENUES	% OCCUPIED
1	1	6882 Shiloh Unity Road Lancaster, SC 29720	INSIDE OUTSIDE	OWNER TENANT		0	\$20,000	
			INSIDE OUTSIDE	OWNER TENANT				
			INSIDE OUTSIDE	OWNER TENANT				
			INSIDE OUTSIDE	OWNER TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)
household mover

## Commonwealth Underwriters, Ltd.

Excess and Surplus Lines Specialists - Serving Agents Since 1994

P.O. Box 5441, Richmond, VA 23220  
 Phone: 800-396-6226 / 804-359-4568  
 Fax: 804-359-6994 / 804-213-0429

## Quotation

Date:	February 7, 2020	Underwriter:	Kate Acuna
Attn:	Sarah Callis	To:	Madison Insurance Group
Email:	sarah.callis@miginsgroup.com	Expiry Date:	Term is 12 Months

**THIS QUOTE IS VALID FOR 30 DAYS. PLEASE REVIEW THIS QUOTATION CAREFULLY. ALL TERMS/COVERAGES MAY NOT BE THE SAME AS THOSE YOU REQUESTED.**

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

Insured:	Modern Day Movers, LLC
Description of Operations	Truckers

**Commercial General Liability - LIMITS**

General Aggregate Limit (Other than Prod/C Ops)	\$2,000,000	
Products / Completed Operations Aggregate Limit	Included	
Each Occurrence Limit	\$1,000,000	
Personal & Advertising Injury Limit	\$1,000,000	
Fire Legal Liability Limit (Damage to premises rented to you)	\$100,000	Any one premises
Medical Expense Limit	\$5,000	Any one person

**Deductibles:**

\$2500 - per claim combined BI and PD

Classification:	Class Code	Premium Basis
Truckers	99793	Owner Payroll - \$16,000 Employee Payroll - \$0

Minimum owner payroll for this carrier in SC is \$16,000.

**TERRORISM RISK INSURANCE ACT OF 2002:** PLEASE REVIEW THE ATTACHED NOTICE REGARDING THE FEDERAL TERRORISM INSURANCE ACT OF 2002 - FOR AN ADDITIONAL PREMIUM OF \$100 + 6% TAX, COVERAGE FOR CERTIFIED ACTS OF TERRORISM AS DEFINED, MAY BE PURCHASED. PLEASE NOTE THE ATTACHED ACCEPTANCE/REJECTION FORM MUST BE COMPLETED AND SIGNED BY THE INSURED IN ORDER TO BIND ANY COVERAGE.

**Other Terms and Conditions:** Quote is tentative subject to receipt and review of completed applications and loss runs.

- \* Trucker's Supplemental
- \* ACORD Commercial and GL Applications
- \* At least one, no more than 3, admitted declining carriers.
- \* Signed Terrorism Form required if bound.
- \* Subcontractors must carry insurance with limits equal to or greater than insured.
- \* All policies are subject to an inspection. Please check if a Spanish speaking inspector is needed. [ ]

**Minimum premium for this account is \$500**

Continued on next page...

**Minimum Earned Premium: 25% No Flat Cancellations**

GL

All Fees are Fully Earned

Premium:	\$	500.00
Fees:	\$	100.00
Taxes:	\$	36.00
<b>Total:</b>	<b>\$</b>	<b>636.00</b>

Agent's Commission: 12% of premium

Carrier: Colony Ins Co

State: SC

WE NOW ACCEPT VISA, MASTERCARD, AND DISCOVER, AS WELL AS EFT PAYMENTS ON-LINE! GO TO [HTTPS://WWW.COMMUND.COM/PAYMENTS](https://www.commund.com/payments) WITH YOUR INVOICE TO GET STARTED, OR DIAL 800-396-6226 x400 TO PAY BY PHONE.

**THIS QUOTE IS NOT A BINDER. FAX BACK THIS SIGNED QUOTE SHEET TO 804-359-6994 ATTN: BINDERS, OR EMAIL TO [BINDERS@COMMUND.COM](mailto:BINDERS@COMMUND.COM), ALONG WITH SIGNED TERRORISM FORM TO REQUEST BINDER. SIGNED APPS ARE ALSO REQUIRED IF REQUESTED. Only Commonwealth Underwriters, Ltd. has binding authority. Coverage will not be bound until application has been received, reviewed, accepted and acknowledged by Commonwealth.**

_____ Eff date desired	_____ Signature and license number of agent requesting coverage	_____ Date
_____ Eff date desired	_____ Signature of applicant requesting coverage	_____ Date

## Quotation

Date:	February 7, 2020	Expiry Date:	Term is 12 Months
To:	Madison Insurance Group	Re:	New Business

**THIS QUOTE IS VALID FOR 30 DAYS. PLEASE REVIEW THIS QUOTATION CAREFULLY. ALL TERMS/COVERAGES MAY NOT BE THE SAME AS THOSE YOU REQUESTED.**

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this State as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

Insured:	Modern Day Movers, LLC
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- \* All policies are subject to an inspection. Please check if a Spanish speaking inspector is needed. [ ]

**Minimum premium for this account is \$500**

Continued on next page. .

Minimum Earned Premium: 25% No Flat Cancellations

GL

All Fees are Fully Earned

Premium:	\$	500.00
Fees:	\$	100.00
Taxes:	\$	36.00
Total:	\$	636.00
Carrier:		Colony Ins Co
State:		SC

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_____ Eff date desired	_____ Signature and license number of agent requesting coverage	_____ Date
_____ Eff date desired	_____ Signature of applicant requesting coverage	_____ Date

**GL Forms Listing****Mandatory Common Forms:**

CG0001 (04/13) - Commercial General Liability Coverage Form  
CG2167 (12/04) - Fungi or Bacteria Exclusion  
DCJ6550 (11/14) - Common Policy Declarations  
DCJ6553 (07/13) - Common General Liability Coverage Part Dec  
IL0017 (11/98) - Common Policy Conditions  
IL0021 (09/08) - Exclusion - Nuclear Energy Liability  
CG 21 96 (03/05) - Silica Exclusion  
U466 (02/12) - Lead Exclusion  
U467 (02/12) - Asbestos Exclusion  
SLBDATA - Surplus Lines Broker Data  
U001 (10/04) - Schedule of Forms and Endorsements  
U002 (09/04) - Minimum Policy Premium  
U004 (01/16) - Miscellaneous Exclusions Endorsement  
U048 (03/10) - Employment-Related Practices Exclusion  
U070 (03/08) - Deductible Liability Insurance  
U094 (04/15) - Service of Suit  
U992 - Limitation of Coverage to Business Description  
Privacy Notice  
UCG2171 (01/15) - Limited Terrorism Exclusion OR  
UCG2175 (01/15) - Certified Acts of Terrorism & Other Acts

**9793 - Truckers****Mandatory For Class/Risk:**

CG2117 - Exclusion - Movement of Buildings or Structures  
CG2229 - Exclusion - Property Excluded  
U008R - Contractors Coverage Limitations  
U155 - Absolute Auto, Aircraft & Watercraft Exclusion  
U531 - Exclusion - Injury to At, Temporary Workers, Volunteer Workers, Casual Workers or Independent Contractors  
U2525 - Warranty of Subcontractor Lines  
U173 - Cancellation



## PROHIBITED EXPOSURES

### Liability

- Risks that transport any of the following:
  - Aerospace, aviation or satellite related items
  - Ammonium nitrates, ammunition, blasting materials, explosives, firearms, fireworks, munitions
  - Asphalt if it is heated during transport (unheated asphalt is acceptable)
  - Autos being repossessed
  - Buildings of any type (residential or commercial), mobile homes, modular homes
  - Chemicals, fertilizers, herbicides, pesticides
  - Coal
  - Fuel, butane, gasoline, LPG, oil, petrochemicals, propane refinery products
  - Hazardous waste, hazardous materials (including asbestos), medical waste
  - Logs
  - Meat or seafood (if insured has been in business 3 years with no losses, then meat or seafood hauling is acceptable)
  - Oilfield equipment
  - Salt water
  - Tobacco
- Risks with any of the following exposures:
  - Auto coverage not in place with limits at least equal to the following
  - Ambulance services
  - Bankruptcy, Chapter 7 or Chapter 11
  - Dockside or portside operations
  - Drive-away contractors (Refer to the definition below)
  - Fast food delivery
  - Hauling of equipment to or from an oilfield site
  - Inter-modal transport (Refer to the definition below)
  - Leasing of employees to others
  - Mining or quarry operations or ownership
  - Non-emergency transport (Refer to the definition below)
  - Over-size loads that require a permit
  - Pilot cars for over-size loads
  - Renting or leasing vehicles to others
  - School buses
  - Tank farms (fuel type) - Storage of gasoline & fuel oils with a combined total capacity of up to 75,000 gallons is acceptable
  - Tow truck operations (ie...wrecker services)
  - Transport of the general public (buses, vans, limousines, shuttles, etc.)
- Not available with the Truckers GL PDQ
  - Hired & Non-Owned Auto
  - Injury to leased workers
  - Modifications of the railroad sidetrack

### Property & Inland Marine - Prohibited Exposures

- Warehouseman's Legal Liability
- Motor Truck Cargo

### Definitions:

- **Truck Broker** - Defined as risks arranging the transport of goods but who do not own any vehicles and do not have any drivers who are their employees
- **Drive-Away Contractors** - Defined as persons engaged in the business of transporting or delivering vehicles by driving them or transporting the vehicle with a tow bar
- **Freight Forwarder** - Defined as risks that have no owned vehicles and no direct employed drivers. Freight Forwarders arrange for the transportation of items rather than transporting the items themselves. Freight Forwarders may be involved in any aspect of packing, handling or preparing goods for shipment to others. See the classification - Freight Forwarders or Handlers - Other than packing, handling or shipping explosives or ammunition under class code - 94617
- **Inter-modal** - Defined as truck transport that is combined with boat or rail transport. Anyone presenting certificate requirements for a UIA (Uniform Intermodal Exchange & Facilities Access Agreement) can automatically be assumed to have intermodal exposures & should be declined
- **Non-emergency transport** - Defined as (but not limited to) special trips & outings, (i.e., senior citizens or other clients to meal centers, medical facilities, social functions or shopping centers). Also includes taking handicapped persons to work or rehabilitation programs &/or adult day-care transport.

### South Carolina Declining Carriers

Please list up to three declining carriers for this risk:

- 1.
- 2.
- 3.

**Bass Underwriters, Inc.****INSURANCE QUOTE**

THE TERMS AND CONDITIONS OF THIS QUOTATION MAY NOT COMPLY WITH THE SPECIFICATIONS SUBMITTED FOR CONSIDERATION. PLEASE READ THIS QUOTE CAREFULLY AND COMPARE IT AGAINST YOUR SPECIFICATIONS.

IN ACCORDANCE WITH THE INSTRUCTIONS OF THE BELOW-MENTIONED INSURER, WHICH HAS ACTED IN RELIANCE UPON THE STATEMENTS MADE IN THE RETAIL BROKER'S SUBMISSION FOR THE INSURED, THE INSURER HAS OFFERED THE FOLLOWING QUOTATION.

**DATE ISSUED:** March 11, 2020

**PRODUCER:** Madison Insurance Group, Inc.  
800 Oak Ridge Turnpike Suite B-200  
Oak Ridge, TN 37830

**INSURED MAILING ADDRESS:** Modern Day Movers LLC  
6882 Shiloh Unity road  
Lancaster, SC 29720

**INSURER:** Century Surety Company A-(Excellent) AM Best Rating  
Non-Admitted

**COVERAGE:** COL-Inland Marine-Commercial

**POLICY PERIOD:** 3/11/2020 TO 3/11/2021

**RENEWAL OF:**

12:01 A.M. STANDARD TIME AT THE LOCATION ADDRESS OF THE NAMED INSURED. THIS INSURANCE QUOTATION WILL BE TERMINATED AND SUPERSEDED UPON DELIVERY OF THE FORMAL POLICY(IES) ISSUED TO REPLACE IT.

**LIMITS:** See Attached

**DEDUCTIBLE:** See Attached

**PREMIUM:** \$1,117.00

**TRIA:** INCLUDED

**FEES:** Broker Fee-Tax \$100.00

**SURPLUS LINES TAX:** \$73.02

**SERVICE OFFICE FEE:**

**MISC STATE TAX:**

**FHCF: (Florida)**

**CPIE: (Florida)**

**TOTAL:** \$1,290.02

\*Upon request to bind the agent assumes responsibility for the earned premium, fees and taxes.  
Reference #: 2709678A

**TERMS / CONDITIONS:**

**NOTE TO AGENT:**

It is required by federal law that you provide this document to the insured.

**POLICYHOLDER DISCLOSURE  
NOTICE OF TERRORISM  
INSURANCE COVERAGE**

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning January 1, 2017; 82% beginning January 1, 2018; 81% beginning January 1, 2019; and 80% beginning January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is shown below.

This premium does not include any charges for the portion of losses covered by the United States government under the Act.

Property	
Inland Marine	0
Crime	Excluded
General Liability	
Garage	Excluded
<b>Total</b>	<b>0</b>

Name of Insurer: Century Surety Company

Policy Number:

TRIA 0001 0115

**Exhibit Fit, Willing, and Able (FWA)**


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 Name

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgment(s) against the Applicant?

☐ Yes ☒ No

If "Yes", list judgements here:

4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

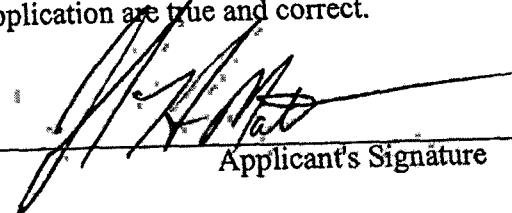
Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

Owner  
Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF Lancaster )

SWORN TO BEFORE ME  
This 15<sup>th</sup> day of July, 20 20

  
Notary Public

Commission Expires 1-11-22